

he had seen was that of a child, six weeks old, in the hospital at Tours, a district surrounded by canals and rivers. Quinine was doubtless the best remedy; but he had seen some exceptional cases in which that medicine had had no effect, and which had been successfully treated by purging. He should not be disposed to give quinine with strychnine, thinking that the one would counteract the effect of the other.—*Med. Times and Gaz.*, July 18, 1857.

22. *On Spanæmia, Chlorosis, and Analogous Conditions, as the Predominant Characteristic of the Present Age.*—Dr. POLLITZER takes a very gloomy view of the condition of the human race at the present time, and considers it to be an established fact that the physical deterioration in Europe is profound, “a sad memorial of civilization.” He admits the general diminution of mortality in all civilized countries, but affirms this to be a fallacious test, as there is not a corresponding increase in the health and vigour of the race, or in the number and character of the diseases. The reduction of the mortality, the author attributes to the increase of hospitals and similar charitable institutions—to quarantine, vaccination, and numerous sanitary regulations. The boundaries of health and disease, he observes, are daily becoming less marked, and he considers it characteristic of modern pathology to affirm that there are numerous conditions which are undoubted deviations from the healthy standard, though it is impossible to delineate or give definite portraits of them, because they make their appearance during a state of “relative health.” The physician has no name for the disease, but the patient maintains that, not feeling in health, he has no alternative but to call himself ill. This anomalous condition, Dr. Pollitzer accounts for by the spanæmia and chlorosis, which he regards as the feature peculiar to our times—the soil in which the feebleness and deterioration of our race take root. After developing his views more in detail, the author proceeds to show how these conditions are fostered by modern civilization. A constant stretch of the mental powers—a restless excitement of the passions—a perpetual struggle for advancement—the fresh wants of every day, science and the arts themselves being subservient even to the luxury and demoralization of the times—the destruction of all moral harmony and peace—are advanced by Dr. Pollitzer as the evils of modern civilization. And these evils react especially upon the younger generation; and the demands made upon the youth of eighteen or twenty of the present, would formerly have been considered a sufficient tax for the strength of a man of upwards of five and twenty. He inveighs especially against the polymathy (if we may coin the word) of children, among whom the spanæmia and chlorosis of the age especially flourish.

Having for seventeen years devoted himself to the study of children's diseases, he has arrived at the conclusion that the features which characterize our age have their source in the treatment of childhood, and that the deterioration of the race at large takes its origin in that of childhood.

The facts upon which Dr. Pollitzer bases his remarks are, that anæmia and chlorosis occur alone, or associated with rickets, hypertrophy of the lymphatic glands, and of the spleen and liver, to an incredible extent, even from the first month of life. Of 1,000 children that were treated in the children's hospital, on an average, 700—800, or from 70—80 per cent., were thus affected. He also observed that the anomalies of the blood and constitution, which are so widely diffused, invariably appear where the nutrition of the child has been imperfectly effected. The stomach and intestinal tract are the parts that first suffer; hence it is in these organs that we discover the prevailing morbid conditions of childhood; and while they materially influence the mortality of children, they equally affect the state of their future health when they survive childhood.—*British and Foreign Medico-Chirurgical Review*, July, 1857, from *Zeitsc. des K. K. Gesellsch. der Aertze*, February, 1857.

23. *Redness of the Cheeks as a Symptom of Pneumonia.*—Dr. A. GUBLER takes up the old doctrine that the redness of a cheek in a case of pneumonia, indicates the side on which the disease lies. Modern authors have paid little attention to the subject, but Dr. Gubler has satisfied himself, by extensive obser-

vation in the Salpêtrières, that the general law is true. The author has guarded against the fallacy which might result from the patient lying on the cheek presenting the greater redness, and has measured the relative temperature of the two sides of the face with the thermometer. Numerous cases are detailed, and the following is the summary of his observations: 1. The redness of the cheeks, which commonly coincides with pulmonary inflammation, is not, as is commonly thought, a fortuitous circumstance, but a functional disturbance bearing a definite relation to the disturbance of the respiratory passages. 2. This redness is not necessarily proportioned to the extent and degree of the anatomical lesion, but bears a relation to the intensity and progress of the inflammatory action. 3. A sensible, and sometimes considerable elevation of temperature (from 0.50° to 5.40° Cent., or nearly 1° to 10° F.) accompanies the hyperæmia, and gives it the character of active congestion. 4. The congested cheek corresponds to the lung which is the seat of phlegmasia, or the one which is most affected. 5. The flushed cheek is seen, not only in pneumonia, but also in the majority of other pulmonary inflammations—in those which accompany tuberculization, as in typhoid pneumonia, and even in capillary bronchitis. It appears to be most marked in pneumonia of the apices—a circumstance already pointed out by Bouillaud. 6. The production of other morbid conditions may be promoted by the habitual hyperæmia of the face; thus a spot of erysipelas has been seen developed on the cheek of the affected side. 7. The redness of the cheeks in acute diseases of the lung may be explained by the stimulation of their nervous plexuses extending to the brain, and reflected upon the respiratory nerves of the face. 8. The phenomenon may be regarded as a manifest example of sympathy established between two distant regions by the agency of the nervous system.—*British and Foreign Medico-Chirurgical Review*, July, 1857, from *L'Union Médicale*, April and May, 1857.

24. *New Premonitory Symptom of Cholera*.—Dr. POZNANSKI, in a communication to the Imperial Academy of Sciences, states:—

1. That during the prevalence of cholera it frequently happens that the pulse is extremely low, and reduced to 45 or even 42 in persons apparently in perfect health. 2. That this symptom is unaccompanied by any other denoting a morbid state. 3. That when the pulse is low, the blood becomes dark and viscous; while in persons whose pulse is in a normal state during the epidemic, the pulse is perfectly healthy. 4. The cholera only attacks those that have previously experienced a diminution in their pulse. 5. That this diminution, which often occurs weeks before the regular attack, may be considered a pathognomonic symptom of the approach of cholera. 6. That those who have experienced the diminution in question have always escaped the disease whenever they have followed a regimen calculated to accelerate the circulation. 7. That the falling off of the pulse, and therefore the predisposition to the disease, are in general proportional to the want of energy in the circulation of the blood and to the excess of atmospheric pressure. 8. That this diminution does not occur in healthy subjects when the epidemic has ceased.—*British Med. Journ.*, Aug. 1, 1857.

25. *On the Application of the Microscope to the Diagnosis of Pulmonary Consumption*.—Dr. THEOPHILUS THOMPSON recently read before the Harveian Society, an interesting paper on this subject. We observed that the assiduous and discriminating use of the microscope having yielded valuable aid in illustrating various pathological questions, and giving precision to some grounds of diagnosis, it seemed reasonable to anticipate information from the application of this instrument to the examination of expectoration; and he thought it practicable to show that the disappointments which some observers had experienced in their endeavours to avail themselves of this method of investigation did not depend on inadequacy of the means, but might be overcome by care and perseverance. Many years since, Mr. Quekett detected elastic pulmonary tissue in the sputum of patients not previously considered con-

¹ Nosographie Médicale, tom. xi. p. 484.